

Available online at www.sciencedirect.com**ScienceDirect**

Procedia - Social and Behavioral Sciences 131 (2014) 510 – 516

Procedia
Social and Behavioral Sciences

WCETR 2013

Impact on Senior Learners' Quality of Life through Lifelong Learning

Pilar Escuder-Mollon ^{a*}, Roger Esteller-Curto ^b, Luis Ochoa ^c, Massimo Bardus ^d^a*Senior Citizens' University, Universitat Jaume I. Av. Vicent Sos Baynat s/n, 12071 Castellon, Spain*^b*Department of Computer Science and Engineering, Universitat Jaume I. Av. Vicent Sos Baynat s/n, 12071 Castellon, Spain*^c*Akademia im. Jana Długosza w Częstochowie, ul. Waszyngtona 4/8, 42-217 Częstochowa, Poland*^d*Università delle LiberEtà del Fvg, Via Napoli, 4 33100 Udine, Italy*

Abstract

Learning in later life (citizens over 65 or retired) is becoming common; job related needs or labour market qualification requirements are replaced by more personal aims such as curiosity, understanding the environment, feeling more integrated, pleasure or keeping active. These personal aims can be seen from the quality of life (QoL) perspective, where education increases well-being and understanding of self and society, and helps senior learners to feel they are participating in and form part of society. The thesis presented in this paper is that education increases QoL. Taking into account that QoL has both objective and subjective facets, and education is a complex long-term process, this article shows the relation that exists between a lifelong learning activity in senior citizens and the impact on their QoL. This research has been conducted within the QEDuSen project (supported by the Lifelong Learning Programme of the European Commission) using quantitative and qualitative research methods.

© 2014 The Authors. Published by Elsevier Ltd. Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).
Selection and peer-review under responsibility of the Organizing Committee of WCETR 2013.

Keywords: quality of life, lifelong learning, pedagogy, senior citizens, elderly, QEDuSen;

1. Introduction

Each life stage – childhood, adolescence or adult – has its own most suitable pedagogies and aims, and the same can be said for senior education. When seniors (citizens over 65 or retired) attend class, they are not pursuing

* Corresponding author: Pilar Escuder-Mollon. Tel.: +34-964-728000
E-mail address: mollon@uji.es

professional goals or seeking competitiveness. Their objectives are more related to personal interests, sociability, adaptation and integration in today's society, participation, active citizenship, and above all, improving their quality of life through a lifelong learning process. Enhancing seniors' quality of life is therefore the main aim to be achieved through education.

The European project (within the European Commission's LifeLong Learning Programme) QEDuSen started on November 2011, with seven participating adult education institutions. The aims of the project are to develop two products: a guide and an evaluation tool for educational institutions that want to increase the impact of education on their learners' quality of life.

The first stage of the project is now completed. It consisted of a study into the relationship between education and quality of life among senior learners. Quantitative and qualitative research was undertaken with learners to discover their perceptions of quality of life due to education. Staff and teachers groups with experience in teaching seniors were also surveyed to gather their approaches to improving their impact on learners.

Results show that in this context (senior citizens who were not challenged or disabled) and when basic needs are covered (safety, income, reasonable health), education impacts their quality of life (physiological well-being, enjoyment and personal adaptation in the main). This research shows that the methodologies and the environment must be carefully chosen on the basis of the needs of these learners, but more important is the human factor, the teachers and staff, and their ability to communicate and transmit attitudes as well as knowledge. We also found that subjects dealing with psychological and physical health were accepted more readily by learners since they recognised that they had some beneficial impact on their lifestyles.

2. Quality of Life and education among the elderly

The most significant QoL dimensions and facets that should be taken in consideration when talking about individuals' QoL can be extracted from the main theories on Quality of Life (QoL) developed in recent years. The World Health Organisation defines QoL (WHO 1997) as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". Cummins' comprehensive QoL scale aimed at the general population (Cummins 1997) affirms that QoL is both objective and subjective, and has seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. But the most notable consideration is that, according to Cummins, (1997) "subjective domains comprise domain satisfaction weighted by their importance to the individual". The WHO also evaluates QoL from objective and subjective perspectives. Objective indicators such as access to basic needs, food, income, health, security, transportation, etc., are important for QoL, but they must be weighted from the individual subjective point of view, the cultural and value systems of the rest of the community and its expectations. Indeed, Schalock & Verdugo 2003 (p.11-30) state that once a person's basic and most fundamental needs are met (income, health and social contact), improved QoL is based on subjective factors, but mainly on "the perception of the individual" and it is based on "needs, election and individual control".

QoL can be seen from a hedonic perspective (satisfying one's own needs, pleasure, wishes), and it is related to ownership of material property, money, pursuing pleasure, not being in pain, etc. When a person is facing risk of exclusion, is very poor or has nowhere to live, QoL can be improved through social services, health providers and direct policies from decision makers (such as transportation, security, etc).

When basic needs are covered, the eudaimonic perspective prevails (from the Greek, eudaimonia means literally "the state of having a good indwelling spirit, a good genius", Encyclopaedia Britannica). This perspective regards QoL as a long-term, highly subjective state that is related to attitude, motivation, integration, community participation, perceived control and personal aims in life. From this perspective, education can promote QoL.

Education should not be considered in a context where teachers provide learners with information to memorise, but in the broader sense of the word, through specific subjects, activities, pedagogies, and models of education, in a context of an educational institution, comprising managers, staff, technicians, trainers, tutors, facilitators and the learners themselves. All these factors encourage learning among the elderly in a challenging society, providing the attitudes and competences necessary to remain as part of the community, through participation, being active,

understanding, etc.

QoL varies according to a person's life stage (young, adult or elderly) but also according to specific situations that may jeopardize elements of previous QoL (disability, exclusion, etc.). In this paper we focus on the elderly (more than 65 years old) with no specific challenges.

To understand QoL among the elderly, we first need to know more about their physical, psychological and social conditions. This research was carried out in previous QEdSen project studies.

Eighteen characteristics (Table 1) were extracted from the existing QoL theory; senior learners (Table 2) were then asked to place them in order of importance.

Table 1. Facets taken from QoL theory for the “QoL preferences” survey

QoL facets
Physical well-being
Psychological and emotional well-being
Independence and autonomy (not being disabled or challenged)
Having a lot of money; material well-being
Being included in society, feeling part of the community, not being excluded, and doing activities
Motivation and energy for changing, acting and doing things, joy
Capacity to adapt to the changes, challenges or problems that everybody has to face in life
Satisfaction with the things I do or I have; happiness.
Inter-personal relationships and support (from family, friends)
Personal and emotional development in attitudes and values
Personal rights and the capacity to defend them; dignity, equality, justice
Security and social services
Enjoying spare time, leisure and myself
Satisfactory sexual life
Being productive, doing useful and constructive things
Self-determination; capacity to select and choose by oneself
Having faith or spiritual beliefs
Having aspirations, objectives for the future

The “QoL preferences” survey was carried out in four institutions: the Senior Citizens' University (SCU), at Jaume I University, Spain; the Università delle Libertà del FVG (ULE) in Udine, Italy; and Akademia im. Jana Długosza w Częstochowie (AJD), Częstochowa in Poland; and the Palmenia Centre for Continuing Education (PCCE) in Helsinki, Finland. The full survey is available at the QEdSen project website (<http://www.edusenioreu>). The general statistical information from this survey can be consulted in Table 2.

Table 2. Institutions that carried out the “QoL preferences” survey

Institution	Surveys	Valid	Average Age	St.Dev. Age	Male - Female	Retired
Senior Citizens' University (SCU)	73	63	66.9	6.0	38 % - 62 %	100 %
Università delle Libertà del FVG (ULE)	57	56	62.4	10.8	61 % - 39 %	79 %
Akademia im. Jana Długosza w Częstochowie (AJD)	25	23	68.6	7.7	25 % - 75 %	96 %
Palmenia Centre for Continuing Education (PCCE)	25	25	72.1	9.6	76 % - 24 %	100 %

Learners at the SCU, AJD and PCE were asked to order the 18 characteristics (Table 1) from the most to the least important. The results are reported in Figure 1 (1 indicates that the item was chosen as first option most frequently). The initial survey resulted in a large number of invalid surveys because of the difficulties in ordering the answers, and consequently the survey was changed for the ULE to require learners to rank the characteristic from 1 to 5 only (5 being the most important)

Physical well-being is the most important component of QoL for senior learners, followed by the Psychological component. In Figure 1, if a component was always chosen as the first option in all the surveys, it would have a value of 1; if it was always chosen as the last option, it would have a value of 0. In fact, the raw data from the survey revealed that 52% of the learners considered Physical well-being to be the most important component for their QoL, and 45% considered Psychological well-being as the most important factor. Only 3% indicated other components as the most important.

The above-mentioned components were followed, in order of importance, by independence, inter-personal relations, support and satisfaction. These are factors that educational institutions should therefore aim to promote. the same results, but the survey was performed using a scale from 1 to 5 rather than ordering the 18 components.

3. Research

Three of the QEdSen project partners carried out a survey among their own learners with the aim of discovering seniors' subjective perception of the impact of education on their QoL. Bearing in mind that QoL has a very important subjective component, it is oportune to value the impact of education from the senior learners' perspective. Although QoL has components that might not appear to be influenced by education among the elderly (such as transport, security, income, etc), there are also some components that can be measured (listed in Table 1). We asked learners how education impacted on these components (the statements are reported in Table 3).

Table 3. Questions asked to the learners. "Subjective impact of education on QoL" survey

Facet	Statement
Physical well-being	My physical well-being and objective health (pain, medication), as well as subjective health, have improved since I have been attending <name of institution>. Furthermore, I now have a much better understanding of some aspects of my health and I am able to face any problem.
Psychological well-being,	My psychological well-being, objectively and subjectively, has improved since I have been attending <name of institution>. In general, I know myself better and I have more control over my negative emotions or destructive feelings. Furthermore, I am happier and I face the day with more energy and hope.
Environment	My knowledge of the environment has improved. I now have a much better understanding of the local (friends, family) and the global (society, news) environment. Furthermore I feel more included (family, neighbourhood, society in general)
Energy	Since I have been attending <name of the institution>, I have more energy and motivation, I feel able to act. For example, if I have a goal (to travel, to do other activities, etc), now I am more capable of acting to achieve it (to convince others, to learn). Now I know and can act to influence other people and change things to achieve what I want.
Adaptation	Since I have been attending <name of institution>, I am able to adapt better to the changes that occur in my environment, such as reduced income, illness, the death of a friend, the divorce of a son, etc. I can now adapt in different ways, by understanding, putting things in perspective, assuming, accepting, etc.
Enjoyment	Since I have been attending<name of institution>, I now enjoy my spare time much more, doing useful activities or simply activities that give me satisfaction even if they are not necessarily productive.
Support	Since I have been attending<name of institution> I now have the objective or subjective perception that I have more social support from classmates or from others (family, friends). My social relationships have increased or are of better quality.
Personal development	<name of institution> has allowed me to grow as a person in a general way: knowledge, values, attitudes, specific information or social skills.

The institutions that carried out the survey were the Senior Citizens' University (SCU), at Jaume I University, Spain, the Università delle LiberEtà del FVG (ULE) in Udine, Italy, and Akademia im. Jana Długosza w Czeszochowie (AJD), Czeszochowa in Poland. Statistical data is reported in Table 4

Table 4. Statistical data on the "Subjective impact of education on QoL" survey

Institution	Surveys	Valid	Average Age	St.Dev. Age	Male - Female	Retired
Senior Citizens' University (SCU),	68	58	65	6	41% - 59%	100%
Università delle LiberEtà del FVG (ULE)	38	29	63.7	8.9	35 % - 65 %	76 %
Akademia im. Jana Długosza w Czeszochowie (AJD)	16	13	67.1	5.8	13 % - 87 %	94 %

that the factor with the greatest impact on the elderly's QoL is Personal Development (\bar{x} =6.89 σ =1.19), followed by Enjoyment and Psychological status; Adaptation has the least impact on the education they receive (\bar{x} =5.24 σ =1.75). They therefore feel that they do not need to attend courses in order to face the changes that occur in their families, friends or communities. They enjoy attending the classes, which is to be expected given that they register in the SCI because of personal motivation. What is interesting is that they are convinced that their Psychological well-being has been enhanced by the education they receive (\bar{x} =5.82 σ =1.30). The impact on their Physical well-

being or their perception of the Support received is limited, but the high variance in the responses ($\sigma=1.62$ and $\sigma=1.60$ respectively) should be noted. This indicates that some learners claim education has a high impact on these QoL components, while others consider that education has no impact on their QoL. In the context of the SCU, it should be mentioned that there are some optional subjects related to physical exercise (trekking) or psychology (self-help groups)

reports the results from ULE. As in the case of the SCU, education allows them to grow personally ($\bar{x}=5.09$ $\sigma=1.68$).

In the AJD the impact of education on learners' Physical well-being is significantly high ($\bar{x}=5.43$ $\sigma=2.14$). This is due to the fact that in this institution, physical activity has greater importance than in the SCU and the ULE, and activities like gymnastics, yoga, sports, competitions, self-defence, swimming etc, are accompanied by lectures about healthy life-style, and health-related subjects.

A comparison of the three institutions' overall scores in all QoL components reveals averages of: SCU $\bar{x}=5.57$, ULE $\bar{x}=4.50$ and AJD $\bar{x}=4.58$. The most feasible explanation of why the SCU has a greater subjective impact on learners' QoL seems to be because the staff and teachers of the institution have received specific training in QoL among the elderly and ways in which their activities can increase that QoL. Learners also have the opportunity to attend courses on subjects related to their own perception of society and themselves: humanism, sociology and psychology of the elderly and gerontology.

Following this explanation of how general education impacts senior learners' QoL, we also aimed to discover the specific educational factors that have the greatest impact on their perception of QoL. Those educational factors are summarised in Table 5.

Table 5. Educational factors included in the "Subjective impact of education on QoL" survey

Educational factor	SCU	ULE	AJD
Environment	Physical (premises, buildings, classrooms) but also metaphysical (shared spaces of coexistence, intergenerational)		
Pedagogy	The way that the classes are designed, participation, debate, etc.		
Teacher/trainer	Knowledge and experience of the subject, personal skills, good communicators.		
Staff	Technical and support staff		
Classmates	Relationships with classmates outside the classroom		
General Subjects	Main subjects that are mandatory during the academic year (humanities, psychology, society, history, arts)	Broad culture courses (theoretical) and foreign languages	Ordinary subjects (broad culture) and conferences
ICT and Language	ICT and language courses	ICT courses	ICT courses
Work	Learning through research work undertaken by learners for presentation to their classmates		
Stimulation	Museum visits, cultural trips, etc.		
Extra-academic	Optional activities: drama, choir, trekking, radio, learners' magazine		
Physical		Courses for physical well-being, gymnastics, dancing,	Activities done in the open air or related to physical well-being
Handicrafts		Artistic laboratory, handicrafts, ceramics, sewing	

Table 5 shows that SCU, ULE and AJD share certain common educational factors, but because the offer of activities/subjects is different in each institution, some questions were adapted to the specific characteristics of the

institution. All learners were asked to respond by saying how much each educational factor (Table 5) influenced their QoL (Table 1). Results are shown in Figure 6.

the results obtained in the SCU. It can be seen that the extra-academic activities do not have a great impact on their QoL (hiking, drama, choir, magazine, radio). However, it should be noted that these results are not reliable due to the high variance (from $\sigma=1.53$ to $\sigma=1.83$), caused by the optional nature of these extra academic activities. The conclusion can be drawn, therefore, that for some learners, these activities are very significant, while for other learners, they have no importance. In contrast, the influence of the teacher on their QoL appears to be very high, and in addition this is a very reliable result, with low variance (from $\sigma=0.79$ to $\sigma=1.18$); in other words, many learners claim that their QoL is influenced by the teacher. Teacher and classmates have the greatest impact on their QoL, even in aspects of physical well-being.

In the ULE handicrafts appear to have the greatest impact on QoL. This kind of activity can be seen as a way of being active, creative and working in groups that promote socialising and give support.

In the AJD (Figure 8), Physical activities appear to have more impact on learners' Physical well-being ($\bar{x}=4.89$ $\sigma=0.33$). As mentioned above, the AJD offers a wide range of physical activities adapted to seniors, alongside courses about healthy life-style and other health-related subjects.

4. Conclusions

When basic needs are covered, QoL can be influenced through education. In all the surveys, the learners coincided that the teacher and their classmates have the greatest effect on their QoL. Learners stated that the courses and pedagogies were not as important as the teacher. In qualitative interviews, learners were not able to distinguish between pedagogies, and claimed to sometimes choose courses and activities according to the teacher, not the content. In conclusion, the most important factor in enhancing a learner's QoL is the teacher, regardless of the pedagogy and the course content. This affirmation is, clearly, only true from the learners' point of view. Teachers, on the other hand, use pedagogies as tools in their courses and activities, and are also passionate about the content they teach (indeed, most of the teachers of adults interviewed also enjoyed teaching seniors).

The teacher, then, must be understood to comprise social skills (communication, assertiveness), tools (pedagogies) and contents (the teacher's expertise in his or her subject). An individual survey was carried out at the SCU into learners' preferred subjects, finding no common results for the subject, but rather for the teacher. Learners therefore have "favourite teachers" rather than "favourite subjects". The way that the teacher communicates and transmits his or her subject, motivates learners and constantly encourages their personal improvement is the main factor impacting on increased QoL among learners.

Acknowledgements

This research was undertaken as part of the "Evaluation toolkit on seniors' education to improve their quality of life" (<http://www.edusenior.eu>) project, funded with support from the Lifelong Learning Programme of the European Commission, reference 518227-LLP-1-2011-1-ES-GRUNDTVIG-GMP. This communication reflects the views of the author only, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

References

- Brockett, R. G. (1985). The Relationship Between Self-Directed Learning Readiness and Life Satisfaction Among Older Adults. *Adult Education Quarterly*, 35(4), 210–219. doi:10.1177/0001848185035004003
- Campbell, A. (1981). *The sense of well-being in America : recent patterns and trends / Angus Campbell*. New York: McGraw-Hill.

- Chung, M. C. (1997). A critique of the concept of quality of life. *International Journal of Health Care Quality Assurance*, 10(2), 80–84.
- Cummins, R. A. (1997). *Comprehensive quality of life scale: adult: manual* (5th ed. (ComQol-A5)). Burwood Vic.: Deakin University School of Psychology. Retrieved from <http://www.deakin.edu.au/research/acqol/instruments/comqol-scale/comqol-a5.pdf>
- Kubovy, M. (1999). On the pleasures of the mind. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (Russel Sage Foundation., pp. 134–188). New York.
- Landmin, L. (1997). *Elderlearning: New Frontier In An Aging Society* (1st ed.). Rowman & Littlefield Education.
- Maslow, A. H., & Cox, R. (1987). *Motivation and personality* (Vols. 1-1). New York ; Reading, Ma ; Menlo Park, Ca... [etc.], Etats-Unis: Longman.
- Myers, D. G., Diener, E., & Scientific American, inc. (1997). *Pursuit of happiness*. New York: Scientific American, Inc.
- Myers, D. G. (2000). The funds, friends, and faith of happy people. *The American psychologist*, 55(1), 56–67.
- QEdusén (2012). Evaluation toolkit on seniors' education to improve their quality of life. <http://www.edusenior.eu>
- Rapley, Mark (2003) *Quality of Life Research. A Critical Introduction*, London: Sage
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141–166. doi:10.1146/annurev.psych.52.1.141
- Schallock, R. L. (2000). Three Decades of Quality of Life. *Focus on Autism and Other Developmental Disabilities*, 15(2), 116–127. doi:10.1177/108835760001500207
- Schallock, R. L., & Verdugo, M. A. (2002). *Handbook on quality of life for human service practitioners*. Washington, DC: American Association on Mental Retardation.
- Schallock, R. L. (2004). The concept of quality of life: what we know and do not know. *Journal of Intellectual Disability Research*, 48(3), 203–216. doi:10.1111/j.1365-2788.2003.00558.x
- Schuller, T. (2004). *The benefits of learning*. London: RoutledgeFalmer.
- WHO. (1997). *WHOQOL. Measuring Quality of Life*. World Health Organisation. Recuperado a partir de http://www.who.int/mental_health/media/68.pdf